

EXHIBIT A

**Service of Process
Transmittal**

06/20/2016

CT Log Number 529368360

TO: Allyson Taketa, Paralegal - Litigation
Mattel, Inc.
333 Continental Blvd., M1-1518
El Segundo, CA 90245

RE: Process Served in Tennessee

FOR: FISHER-PRICE, INC. (Domestic State: DE)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: [REDACTED], etc., Pltf. vs. FISHER-PRICE, INC., Dft.

DOCUMENT(S) SERVED: Warrant, Notice, Attachment(s)

COURT/AGENCY: Davidson County General Sessions Court, TN
Case # 16GC10322

NATURE OF ACTION: Product Liability Litigation - Manufacturing Defect - Rock N pay Sleeper

ON WHOM PROCESS WAS SERVED: C T Corporation System, Knoxville, TN

DATE AND HOUR OF SERVICE: By Certified Mail on 06/20/2016 postmarked: "Not Post Marked"

JURISDICTION SERVED : Tennessee

APPEARANCE OR ANSWER DUE: 8/5/2016 at 8:45 a.m.

ATTORNEY(S) / SENDER(S): [REDACTED]
4509 Cloudy Day Court
Wake Forest, NC 27587
615-244-0749

ACTION ITEMS: Telephone, Sally Kelsey , 310-252-3682
SOP Papers with Transmittal, via Fed Ex 2 Day , 783413425262
Image SOP
Email Notification, Lee Papageorge Lee.Papageorge@Mattel.com
Email Notification, Melinda Mehringer Melinda.Mehringer@mattel.com
Email Notification, Allyson Taketa Allyson.taketa@mattel.com
Email Notification, Sally Kelsey Sally.Kelsey@mattel.com

SIGNED: C T Corporation System
ADDRESS: 800 S. Gay Street
Suite 2021
Knoxville, TN 37929-9710
TELEPHONE: 216-802-2121

Page 1 of 1 / MZ

Information displayed on this transmittal is for CT Corporation's record keeping purposes only and is provided to the recipient for quick reference. This information does not constitute a legal opinion as to the nature of action, the amount of damages, the answer date, or any information contained in the documents themselves. Recipient is responsible for interpreting said documents and for taking appropriate action. Signatures on certified mail receipts confirm receipt of package only, not contents.

From: ATTORNEY DAVID M. RICH
HDR, PLLC
20 MUSIC CIRCLE EAST
NASHVILLE, TN 37208

RETURN RECEIPT
REQUESTED



U.S. POSTAGE
PAID
NASHVILLE, TN
JUN 17 2008
AMOUNT
\$6.47
R2304E104800-08

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 1520 0002 5408 3405

ReadyPost.

Document Mailer

To: FISHER PRICE, INC.
AGENT: CT CORPORATION SYSTEM
800 S. GAY STREET, SUITE 2024
KNOXVILLE, TN 37929-9710

STATE OF TENNESSEE, COUNTY OF DAVIDSON

Deb Copy

FILED

To Any Lawful Officer to Execute and Return:

Summon FISHER-PRICE, INC.

2016 JUN 13 PM 2:08

RICHARD B. ROOKER, CLERK

[Signature]

to appear before the Metropolitan General Sessions Court of Davidson County Tennessee, to be held in

Courtroom 5D, Justice A. A. Birch Building, 408 Second Avenue North Nashville, Tennessee,

AUGUST 5, 2016

on _____ at 8:45 a.m., then and there to answer in

a civil action brought by the Plaintiff(s) for:

strict liability; negligence liability; misrepresentation; breach of express and
implied warranties for Defendant's defective product: "Rock 'N Play Sleeper"
An infant cradling device that could not be safely used in the manner & for the
purpose it was made, and which caused an unreasonable risk of harm. Plaintiff
an infant minor, sustained permanent Plagiocephaly, an acute re-shaping of his
head requiring painful cranial remodeling orthosis (cranial pressure helmet)
in an attempt to correct the damage caused by using Defendant's product in
the appropriate and prescribed manner. under \$ 25,000.00 Dollars

Judgment for _____

against _____ for

\$ _____ Dollars and cost of suit for

which execution may issue. Entered: _____, 20 _____

JUDGMENT



To request an ADA accommodation, please
contact Dart Gore at (615) 880-3309.

Judge, Division _____, Metropolitan General Sessions Court

COURTROOM 5D

No. 16GC10322 ☐ Alias
☐ Amended
☐ Counter-Claim

A MINOR

Plaintiff(s) 4509 Cloudy Day Court, Wake Forest, NC 27587

Address (615) 244-0749 (Contact via undersigned counsel)
Telephone vs.

Defendant Fisher-Price, Inc.

C/O AGENT: C T Corporation System
Address 800 S. Gay Street, Suite 2021

Knoxville, TN 37929-9710
Defendant

Address PRIVATE PROCESS

CIVIL WARRANT
Metropolitan General Sessions Court

Issued 6-13, 20 16

By: *[Signature]* RICHARD B. ROOKER, Clerk
Deputy Clerk

Day of week _____

Set for 8:45 A.M. on _____, 20 _____
Courtroom 5D,

Justice A. A. Birch Building
408 Second Avenue North
P.O. Box 196304
Nashville, Tennessee 37219-6304

Reset for: _____

Came to hand same day issued and executed as commanded on:

Served: _____, 20 _____

Sheriff/Process Server

David M. Rich of HDR, PLLC DLR Attorney for Plaintiff
(615) 244-0749 Telephone

Attorney for Defendant

NOTICE

TO THE DEFENDANT(S):

Failure to appear and answer this Summons will result in judgment by default being rendered against you for the relief requested. Tennessee law provides a ten thousand dollar (\$10,000) personal property exemption from execution or seizure to satisfy a judgment. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. This list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these items include items of necessary wearing apparel (clothing) for yourself and your family and trunks and other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized, you would have the right to recover them. If you do not understand your exemption right or how to execute it, you may wish to seek the counsel of a lawyer.

AFFIDAVIT

To the best of my information and belief, after investigation of Defendant's employment, I hereby make affidavit that the Defendant is/is not a member of a military service.

Plaintiff or Attorney for Plaintiff

Notary Public

My Commission Expires

ORDER

Entered: _____ 20 _____

Judge, Division _____, Metropolitan General Sessions Court

ORDER

Entered: _____ 20 _____

Judge, Division _____, Metropolitan General Sessions Court

ORDER

Entered: _____ 20 _____

Judge, Division _____, Metropolitan General Sessions Court

Patient: [REDACTED] **DOB:** [REDACTED] 012 **Phone:** 615-484-1439
Address: 1312 RIVERMONT DR, Gallatin, TN, US, 37066
Claim Date: 02/16/2014 **Encounter Date:** 02/14/2014
Provider: MOORE, JENNIFER E

Total Amount: \$ 272.00 **Payments/Adjustments:** \$ 272.00 **Balance:** \$ 0.00
Claim Number: 282088 **Filing Status:** Patient

ICD Codes:

V20.2 Routine visit, over 28 days old, infant/child, 18 mo.
382.9 Bilateral otitis media.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
99392 Preventive Care Est. Pt. Age 1-4	25	02/14/2014	02/14/2014	11-OFFICE	1 -Medical	\$110.00	1.00	\$110.00
96110 DEVELOPMENTAL TEST, LIMITED		02/14/2014	02/14/2014	11-OFFICE	1 -Medical	\$45.00	2.00	\$90.00
90460 IMMUNIZ ADMIN W/ COUNSEL, ANY ROUTE 1ST VAC/TOX		02/14/2014	02/14/2014	11-OFFICE	1 -Medical	\$28.00	1.00	\$28.00
90633 HepA ped/adol (Havrix)		02/14/2014	02/14/2014	11-OFFICE	9 -Other Medical Service	\$44.00	1.00	\$44.00

Insurances:

Name	Group No	Subscriber No	Type	File Status
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[REDACTED]

Payment:

From	Date	Type	Check No	Payment
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[REDACTED]

Claim Data:

Symptom Indicator: No Symptom Date

Claim Header:

Residence Type:

Student Status:

Employment Status:

Primary Insurance:

Claim Type: Medical

Claim Log:

[REDACTED]

Patient: [REDACTED] **DOB:** 0[REDACTED]/2012 **Phone:** 615-484-1439**Address:** 1312 RIVERMONT DR, Gallatin, TN, US, 37066**Claim Date:** 12/16/2013 **Encounter Date:** 12/12/2013**Provider:** MOORE, JENNIFER E**Total Amount:** \$ 48.00 **Payments/Adjustments:** \$ 48.00 **Balance:** \$ 0.00**Claim Number:** 262637 **Filing Status:** Patient**ICD Codes:**

V04.81 Need for prophylactic vaccination and inoculation, Influenza.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
90471 IMMUNIZATION ADMIN		12/12/2013	12/12/2013	11-OFFICE	9 -Other Medical Service	\$25.00	1.00	\$25.00
90655 .Flu vaccine, whole, IM		12/12/2013	12/12/2013	11-OFFICE	9 -Other Medical Service	\$23.00	1.00	\$23.00

Insurances:

Name	Group No	Subscriber No	Type	File Status
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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Payment:

From	Date	Type	Check No	Payment
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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Claim Data:**Symptom Indicator:** No Symptom Date**Claim Header:****Residence Type:****Student Status:****Employment Status:****Primary Insurance:****Claim Type:** Medical**Claim Log:**

[REDACTED]

Patient: [REDACTED] **DOB:** 0[REDACTED]/[REDACTED]/2012 **Phone:** 615-484-1439
Address: 1312 RIVERMONT DR, Gallatin, TN, US, 37066
Claim Date: 12/05/2013 **Encounter Date:** 12/04/2013
Provider: JOHNSON, WILLIAM S

Total Amount: \$ 199.00 **Payments/Adjustments:** \$ 227.18 **Balance:** \$ -28.18
Claim Number: 259398 **Filing Status:** Patient

ICD Codes:

079.99 Viral syndrome.
473.9 Sinusitis.
466.19 Bronchiolitis.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
87804 INFLUENZA ASSAY W/OPTIC		12/04/2013	12/04/2013	11-OFFICE	1 -Medical	\$21.00	1.00	\$21.00
87804 INFLUENZA ASSAY W/OPTIC	59	12/04/2013	12/04/2013	11-OFFICE	1 -Medical	\$21.00	1.00	\$21.00
87807 RSV ASSAY W/OPTIC		12/04/2013	12/04/2013	11-OFFICE	1 -Medical	\$20.00	1.00	\$20.00
94640 NEBULIZER/AEROSOL, DIAGNOSTIC RX, LESS THAN 1 HOUR		12/04/2013	12/04/2013	11-OFFICE	1 -Medical	\$19.00	1.00	\$19.00
99214 Office Visit, Est Pt., Level 4	25	12/04/2013	12/04/2013	11-OFFICE	1 -Medical	\$118.00	1.00	\$118.00

Insurances:

Name	Group No	Subscriber No	Type	File Status
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Payment:

From	Date	Type	Check No	Payment
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Claim Data:

Symptom Indicator: No Symptom Date

Claim Header:

Residence Type:
Student Status:
Employment Status:
Primary Insurance:
Claim Type: Medical

Claim Log:

Primary Insurance:

Claim Type: Medical

Claim Log:

[REDACTED]

Patient: [REDACTED] **DOB:** 0[REDACTED]/2012 **Phone:** 615-484-1439
Address: 1312 RIVERMONT DR, Gallatin, TN, US, 37066
Claim Date: 11/08/2013 **Encounter Date:** 11/07/2013
Provider: MOORE, JENNIFER E

Total Amount: \$ 566.00 **Payments/Adjustments:** \$ 566.00 **Balance:** \$ 0.00
Claim Number: 250458 **Filing Status:** Patient

ICD Codes:

V20.2 Routine visit, over 28 days old, infant/child, 15 mo.

V04.81 Need for prophylactic vaccination and inoculation against influenza.

692.9 Eczema.

382.9 Otitis.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
99392 Preventive Care Est. Pt. Age 1-4	25	11/07/2013	11/07/2013	11-OFFICE	1 -Medical	\$110.00	1.00	\$110.00
96110 DEVELOPMENTAL TEST, LIMITED		11/07/2013	11/07/2013	11-OFFICE	1 -Medical	\$45.00	1.00	\$45.00
90655 .Flu vaccine, whole, IM		11/07/2013	11/07/2013	11-OFFICE	9 -Other Medical Service	\$23.00	1.00	\$23.00
90460 IMMUNIZ ADMIN W/ COUNSEL, ANY ROUTE 1ST VAC/TOX		11/07/2013	11/07/2013	11-OFFICE	1 -Medical	\$28.00	4.00	\$112.00
90461 IMMUNIZ ADMIN W/ COUNSEL, ANY ROUTE ADDL VAC/TOX		11/07/2013	11/07/2013	11-OFFICE	1 -Medical	\$15.00	4.00	\$60.00
90700 DTaP (Infanrix)		11/07/2013	11/07/2013	11-OFFICE	9 -Other Medical Service	\$34.00	1.00	\$34.00
90707 MMR		11/07/2013	11/07/2013	11-OFFICE	9 -Other Medical Service	\$70.00	1.00	\$70.00
90716 Varicella (Varivax)		11/07/2013	11/07/2013	11-OFFICE	9 -Other Medical Service	\$112.00	1.00	\$112.00

Insurances:

Name	Group No	Subscriber No	Type	File Status
[REDACTED]				

Payment:

From	Date	Type	Check No	Payment
[REDACTED]				

Claim Data:

Symptom Indicator: No Symptom Date

Claim Header:

Residence Type:

Student Status:

Employment Status:

Patient: [REDACTED] **DOB:** [REDACTED]/2012 **Phone:** 615-484-1439
Address: 1312 RIVERMONT DR, Gallatin, TN, US, 37066
Claim Date: 04/30/2013 **Encounter Date:** 04/29/2013
Provider: MOORE, JENNIFER E

Total Amount: \$ 154.00 **Payments/Adjustments:** \$ 154.00 **Balance:** \$ 0.00
Claim Number: 198166 **Filing Status:** Patient

ICD Codes:

V20.2 Routine visit, over 28 days old, infant/child, 9 mo.
 754.0 Congenital musculoskeletal deformities of skull, face, and jaw, on helmet tx.
 757.39 Keratosis pilaris.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
99391 Preventive Care Est. Pt. Age less than 1 Year		04/29/2013	04/29/2013	11-OFFICE	1 -Medical	\$95.00	1.00	\$95.00
96110 DEVELOPMENTAL TEST, LIMITED		04/29/2013	04/29/2013	11-OFFICE	1 -Medical	\$45.00	1.00	\$45.00
85018 HEMOGLOBIN		04/29/2013	04/29/2013	11-OFFICE	1 -Medical	\$7.00	1.00	\$7.00
36416 FINGER/HEEL STICK		04/29/2013	04/29/2013	11-OFFICE	1 -Medical	\$7.00	1.00	\$7.00

Insurances:

Name	Group No	Subscriber No	Type	File Status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Payment:

From	Date	Type	Check No	Payment
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Claim Data:

Symptom Indicator: No Symptom Date

Claim Header:

Residence Type:

Student Status:

Employment Status:

Primary Insurance:

Claim Type: Medical

Claim Log:

[REDACTED]

Patient: [REDACTED] DOB: 07/12/1981 Phone: 615-484-1439
Address: 1312 RIVERMONT DR, Gallatin, TN, US, 37066
Claim Date: 02/12/2013 Encounter Date: 02/11/2013
Provider: MOORE, JENNIFER E

Total Amount: \$ 142.00 Payments/Adjustments: \$ 142.00 Balance: \$ 0.00
Claim Number: 174987 Filing Status: Patient

ICD Codes:

382.9 Otitis media, unspecified.
465.9 URI, acute, unspecified.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units Billed	Fee
99213 Office Visit, Est Pt., Level 3		02/11/2013	02/11/2013	11-OFFICE	1 -Medical	\$80.00	1.00	\$80.00
87804 INFLUENZA ASSAY W/OPTIC		02/11/2013	02/11/2013	11-OFFICE	1 -Medical	\$21.00	1.00	\$21.00
87804 INFLUENZA ASSAY W/OPTIC	59	02/11/2013	02/11/2013	11-OFFICE	1 -Medical	\$21.00	1.00	\$21.00
87807 RSV ASSAY W/OPTIC		02/11/2013	02/11/2013	11-OFFICE	1 -Medical	\$20.00	1.00	\$20.00

Insurances:

Name	Group No	Subscriber No	Type	File Status
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[REDACTED]

Payment:

From	Date	Type	Check No	Payment
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[REDACTED]

[REDACTED]

Claim Data:

Symptom Indicator: First Symptom Date
Symptom/Accident Date: 02/11/2013

Claim Header:

Residence Type:
Student Status:
Employment Status:
Primary Insurance:
Claim Type: Medical

Claim Log:

[REDACTED]

Patient: [REDACTED] **DOB:** [REDACTED]/2012 **Phone:** 615-484-1439
Address: 1312 RIVERMONT DR, Gallatin, TN, US, 37066
Claim Date: 02/04/2013 **Encounter Date:** 01/28/2013
Provider: MOORE, JENNIFER E

Total Amount: \$ 504.00 **Payments/Adjustments:** \$ 504.00 **Balance:** \$ 0.00

Claim Number: 171930 **Filing Status:** Patient

ICD Codes:

V20.2 Routine visit, over 28 days old, infant/child, 6 month old.

754.0 Congenital musculoskeletal deformities of skull, face, and jaw.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
99391 Preventive Care Est. Pt. Age less than 1 Year		01/28/2013	01/28/2013	11-OFFICE	1 -Medical	\$95.00	1.00	\$95.00
96110 DEVELOPMENTAL TEST, LIMITED		01/28/2013	01/28/2013	11-OFFICE	1 -Medical	\$45.00	1.00	\$45.00
90460 IMMUNIZ ADMIN W/ COUNSEL, ANY ROUTE 1ST VAC/TOX		01/28/2013	01/28/2013	11-OFFICE	1 -Medical	\$28.00	2.00	\$56.00
90461 IMMUNIZ ADMIN W/ COUNSEL, ANY ROUTE ADDL VAC/TOX		01/28/2013	01/28/2013	11-OFFICE	1 -Medical	\$15.00	4.00	\$60.00
90723 DTAP-HEP B-IPV (Pediarix)		01/28/2013	01/28/2013	11-OFFICE	9 -Other Medical Service	\$95.00	1.00	\$95.00
90670 PNEUMOCOCCAL VACC 13 VAL IM		01/28/2013	01/28/2013	11-OFFICE	9 -Other Medical Service	\$153.00	1.00	\$153.00

Insurances:

Name	Group No	Subscriber No	Type	File Status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Payment:

From	Date	Type	Check No	Payment
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Claim Data:

Symptom Indicator: First Symptom Date

Symptom/Accident Date: 01/28/2013

Claim Header:

Residence Type:

Student Status:

Employment Status:

Primary Insurance:

Claim Type: Medical

Claim Log:

Patient: [REDACTED] **DOB:** 0[REDACTED]/2012 **Phone:** 615-484-1439
Address: 1312 RIVERMONT DR, Gallatin, TN, US, 37066
Claim Date: 12/21/2012 **Encounter Date:** 12/17/2012
Provider: MOORE, JENNIFER E

Total Amount: \$ 80.00 **Payments/Adjustments:** \$ 80.00 **Balance:** \$ 0.00
Claim Number: 158252 **Filing Status:** Patient

ICD Codes:

754.0 Congenital musculoskeletal deformities of skull, face, and jaw.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units Billed	Fee
99213 Office Visit, Est Pt., Level 3		12/17/2012	12/17/2012	11-OFFICE	1 -Medical	\$80.00	1.00	\$80.00

Insurances:

Name	Group No	Subscriber No	Type	File Status
[REDACTED]				

Payment:

From	Date	Type	Check No	Payment
[REDACTED]				

Claim Data:

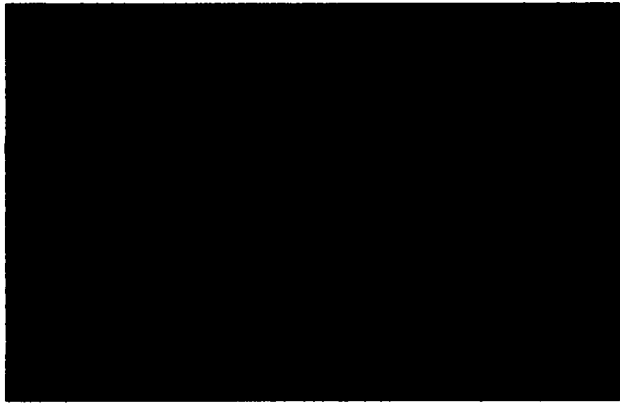
Symptom Indicator: First Symptom Date
Symptom/Accident Date: 12/17/2012

Claim Header:

Residence Type:
Student Status:
Employment Status:
Primary Insurance:
Claim Type: Medical

Claim Log:

[REDACTED]



Patient: [REDACTED] **DOB:** 0[REDACTED]/2012 **Phone:** 615-484-1439
Address: 1312 RIVERMONT DR, Gallatin, TN, US, 37066
Claim Date: 11/09/2012 **Encounter Date:** 11/05/2012
Provider: MOORE, JENNIFER E

Total Amount: \$ 267.00 **Payments/Adjustments:** \$ 267.00 **Balance:** \$ 0.00
Claim Number: 143445 **Filing Status:** Patient

ICD Codes:

780.60 Fever, unspecified.
 465.9 URI, acute, unspecified.
 288.8 Leukocytosis, other specified disease of white blood cells.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
36416 FINGER/HEEL STICK		11/05/2012	11/05/2012	11-OFFICE	1 -Medical	\$8.00	1.00	\$8.00
87807 RSV ASSAY W/OPTIC		11/05/2012	11/05/2012	11-OFFICE	1 -Medical	\$20.00	1.00	\$20.00
85025 COMPLETE CBC W/AUTO DIFF WBC		11/05/2012	11/05/2012	11-OFFICE	1 -Medical	\$18.00	1.00	\$18.00
81003 URINALYSIS, AUTO, W/O SCOPE		11/05/2012	11/05/2012	11-OFFICE	1 -Medical	\$18.00	1.00	\$18.00
99214 Office Visit, Est Pt., Level 4	25	11/05/2012	11/05/2012	11-OFFICE	1 -Medical	\$120.00	1.00	\$120.00
51701 BLADDER CATH INSERTION		11/05/2012	11/05/2012	11-OFFICE	1 -Medical	\$75.00	1.00	\$75.00
99000 SPECIMEN HANDLING		11/05/2012	11/05/2012	11-OFFICE	1 -Medical	\$8.00	1.00	\$8.00

Insurances:

Name	Group No	Subscriber No	Type	File Status
[REDACTED]				

Payment:

From	Date	Type	Check No	Payment
[REDACTED]				

Claim Data:

Symptom Indicator: First Symptom Date
Symptom/Accident Date: 11/05/2012

Claim Header:

Residence Type:
Student Status:
Employment Status:
Primary Insurance:
Claim Type: Medical

Claim Log:

[REDACTED]

Residence Type:

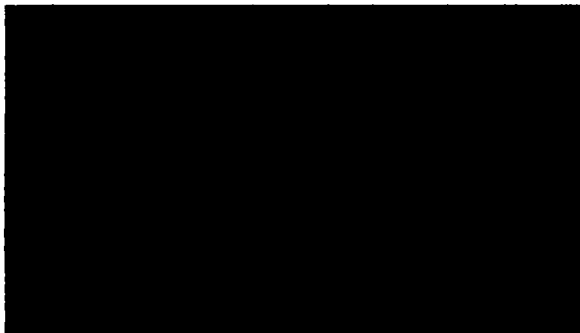
Student Status:

Employment Status:

Primary Insurance:

Claim Type: Medical

Claim Log:



Patient: [REDACTED] **DOB:** [REDACTED] **Phone:** 615-484-1439

Address: 1312 RIVERMONT DR, Gallatin, TN, US, 37066

Claim Date: 09/25/2012 **Encounter Date:** 09/24/2012

Provider: MOORE, JENNIFER E

Total Amount: \$ 727.00 **Payments/Adjustments:** \$ 727.00 **Balance:** \$ 0.00

Claim Number: 128795 **Filing Status:** Patient

ICD Codes:

V20.2 Routine visit, over 28 days old, infant/child, 2 months.

754.0 Congenital musculoskeletal deformities of skull, face, and jaw.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
99391 Preventive Care Est. Pt. Age less than 1 Year		09/24/2012	09/24/2012	11-OFFICE	1 -Medical	\$95.00	1.00	\$95.00
96110 DEVELOPMENTAL TEST, LIMITED		09/24/2012	09/24/2012	11-OFFICE	1 -Medical	\$45.00	1.00	\$45.00
90460 IMMUNIZ ADMIN W/ COUNSEL, ANY ROUTE 1ST VAC/TOX		09/24/2012	09/24/2012	11-OFFICE	1 -Medical	\$28.00	4.00	\$112.00
90461 IMMUNIZ ADMIN W/ COUNSEL, ANY ROUTE ADDL VAC/TOX		09/24/2012	09/24/2012	11-OFFICE	1 -Medical	\$15.00	4.00	\$60.00
90723 DTAP-HEP B-IPV (Pediarix)		09/24/2012	09/24/2012	11-OFFICE	9 -Other Medical Service	\$95.00	1.00	\$95.00
90670 PNEUMOCOCCAL VACC 13 VAL IM		09/24/2012	09/24/2012	11-OFFICE	9 -Other Medical Service	\$148.00	1.00	\$148.00
90647 Hib PRP-OMP 3 dose (PedVaxHib)		09/24/2012	09/24/2012	11-OFFICE	9 -Other Medical Service	\$32.00	1.00	\$32.00
90681 ROTAVIRUS VACC 2 DOSE ORAL		09/24/2012	09/24/2012	11-OFFICE	9 -Other Medical Service	\$140.00	1.00	\$140.00

Insurances:

Name	Group No	Subscriber No	Type	File Status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Payment:

From	Date	Type	Check No	Payment
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Claim Data:

Symptom Indicator: First Symptom Date

Symptom/Accident Date: 09/24/2012

Claim Header:

<https://tntepeapp.eclinicalweb.com/mobiledoc/jsp/catalog/xml/getClaimSummary.jsp?clai...> 1/19/2016

Patient: [REDACTED] **DOB:** [REDACTED] 012 **Phone:** 615-484-1439
Address: 1312 RIVERMONT DR, Gallatin, TN, US, 37066
Claim Date: 02/16/2014 **Encounter Date:** 02/14/2014
Provider: MOORE, JENNIFER E

Total Amount: \$ 272.00 **Payments/Adjustments:** \$ 272.00 **Balance:** \$ 0.00
Claim Number: 282088 **Filing Status:** Patient

ICD Codes:

V20.2 Routine visit, over 28 days old, infant/child, 18 mo.
 382.9 Bilateral otitis media.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
99392 Preventive Care Est. Pt. Age 1-4	25	02/14/2014	02/14/2014	11-OFFICE	1 -Medical	\$110.00	1.00	\$110.00
96110 DEVELOPMENTAL TEST, LIMITED		02/14/2014	02/14/2014	11-OFFICE	1 -Medical	\$45.00	2.00	\$90.00
90460 IMMUNIZ ADMIN W/ COUNSEL, ANY ROUTE 1ST VAC/TOX		02/14/2014	02/14/2014	11-OFFICE	1 -Medical	\$28.00	1.00	\$28.00
90633 HepA ped/adol (Havrix)		02/14/2014	02/14/2014	11-OFFICE	9 -Other Medical Service	\$44.00	1.00	\$44.00

Insurances:

Name	Group No	Subscriber No	Type	File Status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Payment:

From	Date	Type	Check No	Payment
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Claim Data:

Symptom Indicator: No Symptom Date

Claim Header:

Residence Type:

Student Status:

Employment Status:

Primary Insurance:

Claim Type: Medical

Claim Log: